

95F

UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

RECEIVED BY

AUG 16 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)  
ARTESIA, OFFICE

1. Oil well ☒ gas well ☐ other ☐

2. NAME OF OPERATOR ARCO Oil and Gas Company  
Div of Atlantic Richfield Company

3. ADDRESS OF OPERATOR  
P. O. Box 1710, Hobbs, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 760' FSL & 660' FEL (Unit ltr P)  
AT TOP PROD. INTERVAL: as above  
AT TOTAL DEPTH: as above

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* Temporary ☒  
(other) ☐

SUBSEQUENT REPORT OF:

☐  
☐  
☐  
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5. LEASE  
LC 029395 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Turner "B"

9. WELL NO.  
20

10. FIELD OR WILDCAT NAME  
Fren Seven Rivers

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 20-17S-31E

12. COUNTY OR PARISH 13. STATE  
Eddy N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3751' DF

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

1. RU, rem surf valve, inst BOP, POH w/tbg.
2. RIH w/CIBP, set @ approx 2025'.
3. Load csg w/corrosion inhibited water.
4. Press test to 500# for 15 mins.
5. Rem BOP, inst surf valve.
6. TA & hold for future waterflood development.

APPROVED FOR 12 MONTH PERIOD

ENDING 8/15/86

Upon completion of satisfactory well test

Field Inspector to be called prior to all casing tests.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED Art Shadelford TITLE Engrg. Tech Spec. DATE 8/13/85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 8-15-85  
CONDITIONS OF APPROVAL, IF ANY: